

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_



**Commercial Building Permit Application**

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE: \_\_\_\_\_  
By Inspector By Borough

Property Pin #: \_\_\_\_\_ Electric Job #: \_\_\_\_\_

Builder/Contractor/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Street Name City State Zip

Workman's Compensation Policy #: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Office Cell Fax

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street # Street Name City State Zip

Phone Number(s): \_\_\_\_\_  
Office Cell Fax

Application for: \_\_\_\_\_

Usage: ☐ Commercial

Electrical Utility Job Number: \_\_\_\_\_

Type of Work and/or Square Footages:

HVAC: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_

OTHER: \_\_\_\_\_ (If you check OTHER, please specify what type of work is being done in the space provided here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST BE POSTED ON JOB SITE AT ALL TIMES**

An approved set of plans must be on site for every inspection or no inspections will be performed.

All inspections as per Act 45 of the UCC.

Applicant Name: \_\_\_\_\_  
Print and Sign